

# STUDENT TRANSPORTATION REGISTRATION FORM



Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student(s) information for the school year <u>2006-2007</u>				Office Use Only			Alternate pick-up/drop-off site <u>address</u> information				Office Use
Last Name	First Name	Grade	School	Miles	Bus #	Status	Alternate <u>pick-up</u>	Days	Alternate <u>drop-off</u>	Days	Bus #

**PLEASE CHECK THE APPROPRIATE BOXES:**

1. ☐ My child(ren) will ride the bus.
  - ☐ I have enclosed a check/money order for the full amount.
  - ☐ I have enclosed a check/money order for deposit, and I understand that the final payment is due on July 1, 2006.
2. ☐ My child(ren) qualifies for a free bus pass because he/she is:
  - ☐ a Shirley resident in K- Grade 6 and lives more than 2 miles from his/her school.
  - ☐ a Devens resident.
3. ☐ My family may be eligible for assistance and I have completed the "Request for Assistance Form" found on the reverse side of this Registration/Contract.

Mail this Registration Form along with a check or money order (no cash please) made payable to the **Town of Shirley** with "transportation" in the memo section, by June 1, 2006 to the following address: **Shirley School District, Business Office, 34 Lancaster Road, Shirley, MA 01464.**

Questions should be directed to the Business Office at (978) 425-2630 extension #401.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Office Use Only:**

Total Amount Due: \$ \_\_\_\_\_ Payment Date/Amount: 1) \_\_\_\_\_ 2) \_\_\_\_\_ Date Tag(s) Issued: \_\_\_\_\_